

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/521095**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11			1			
12			1			
13				1		
14				1		
15			1			
16			1			
17			1			
18			1			
19			4			
20			1			
21			1			
22			1			
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48						
49						
50						
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.	←		10	←		←
TOTAL CLAIMS		22				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						